(Office use) Charity Log no:

**Befriending Services- agency referral form**

Age UK South Gloucestershire offers befriending to alleviate feelings of isolation and loneliness. The services are delivered by volunteers and the visits are purely social and occur in the clients own home. Our volunteers are not medically trained and do not take clients out of their homes. Due to the popularity of the service the client will be placed on a waiting list whilst we recruit a volunteer.

Please complete all sections of the form.

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| **Referral Details** |
| **Title** | **Mr** |
| **Forename** | **Geoffrey** | **Known as** | **Geoffrey** |
| **Surname** | **Thompson** |
| **Date of Referral** | **23/11/2022** |
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| **Processing clients data** |
| In order to run the befriending service, we need to store information about our clients. The law says that we must get their consent to do this. Everything on this form will be treated confidentially and their data will be treated in accordance with our Data Protection & Confidentiality Policy.  |
| **The client being referred consents to Age UK South Gloucestershire recording personal information about them:** | Yes |[x]  No |[ ]
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| **Newsletters** |
| **We like to keep in regular contact with our service users and periodically produce newsletters. How would you like to receive them?** |
| **Topic** | **Service User** | **By email?** | Yes |[ ]  No |[ ]  **By post?** | Yes |[ ]  No |[ ]
|  | **General** | **By email?** | Yes |[ ]  No |[ ]  **By post?** | Yes |[ ]  No |[ ]
|  |
| **Referring Agency** |
| **Your Name** |  |
| **Your Agency**  |  |
| **Your Job Title** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Service** |
| **We offer three types of befriending services; please select the service required?** |
| Telephone befriending |[x]  Home visit befriending |[ ]  Telephone befriending whilst waiting for home visit befriending |[ ]
| Age UK South Gloucestershire offers befriending to alleviate feelings of isolation and loneliness, to assess the impact of the service over time we use the De Jong Gierveld Loneliness scale. **As such please record the clients response to the following statements:** |
| I experience a general sense of emptiness | Yes |[ ]  More or Less |[x]  No |[ ]
| I miss having people around me | Yes |[x]  More or Less |[ ]  No |[ ]
| I often feel rejected | Yes |[ ]  More or Less |[ ]  No |[x]
| There are plenty of people I can rely on when I have a problem | Yes |[ ]  More or Less |[x]  No |[ ]
| There are many people I can completely trust | Yes |[x]  More or Less |[ ]  No |[ ]
| There are enough people I feel close to | Yes |[x]  More or Less |[ ]  No |[ ]

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| **Personal Details** |
| **Address:** | **5 Balmore Court, Bristol, BS16 9DA** |
| **Telephone Number:** | **07540446448** |
| **Email Address:** | geoffrey.thompson@hotmail.co.uk |
| **Date of Birth:** | 11/04/1947 |
| **GP practice name, address and telephone number:** | Downend Health Group – Christchurch Family Medical Group – north street BS16 5SG |
| **Does the client have any medical conditions we need to be aware of? (please provide details):** | Diabetic |
| **Does the client use a care company? Please provide details e.g usual times of visits and which company.** | n/a |

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| **Emergency contact**: Please can you provide details of a next of kin or an emergency contact. This will be used in line with our Data Protection policy and will be provided to the Befriending Volunteer in case of emergency. At the clients request we can also let them know one of our volunteers will be visiting. |
| **Name:** | **Jacquelyne Thompson** |
| **Relationship to you (e.g daughter or friend):** | **Daughter** |
| **Telephone number:** | **07954406214** |
| **Address:** | **23 Newton road, Bristol, BS30 8EZ** |

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| **Befriending Service:** In ordertobest match a client with a volunteer we need a few details about them. We will do our best to match them with a volunteer who meets their requirements but we cannot guarantee an exact match. |
| **Ideally, when is the best time to call/ visit e.g daytime, evening, weekends** | **Afternoon 1-4pm weekdays** |
| **What are your interests? e.g sport, gardening, craft** | **Music (loves the Shadows), used to be a violist, athlete (ex-rugby player, hurdler), loves gardening and flowers. Worked as an Mechanical engineer** |
| **Some of our volunteers have allergies and health problems, do you have any pets or do you smoke?** | I have no pets and don’t smoke |
| **Accessibility****e.g. Is the house down a long country lane? Are there lots of steps?** | No |
| **If you would like your next of kin present at the first visit this is fine, please just let us know at the booking stage of your first visit.**  | No need for next of kin to be present. |

**Equality and Diversity Monitoring**

Age UK South Gloucestershire aims to provide equal opportunities and fair treatment for all staff, volunteers and service users. We would like you to complete this form in order to help us understand who we are reaching and to better serve everyone in our community. The information will be used to provide an overall profile analysis of our staff, volunteer and service user base and will be kept anonymous.

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| Age |
| Date of BirthOR Age | 11/04/2022 | [ ]  Prefer not to say |
| 75 |

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| **Do you consider yourself to be a carer?** |
| [ ]  Yes On average how many hours are spent caring? [ ]  under 50 [ ]  over 50 | [x] No[ ] Prefer not to say |

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| Do you describe yourself as Disabled? |
| [x]  Yes |
| [ ]  No |
| [ ]  Prefer not to say |

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| **Ethnicity**Please state what you consider your ethnic origin to be. (Ethnicity is distinct from nationality and the categories below are based on the 2011 Census in alphabetical order.) |
| **Asian** | **Black** | **Chinese or other ethnic group** |
| [ ]  Indian | [ ]  Caribbean | [ ]  Chinese |
| [ ]  Pakistani | [ ]  African | [ ]  Any other ethnic group (please detail)Click here to enter text. |
| [ ]  Bangladeshi | [ ]  Any other Black background (please detail) Click here to enter text. |
| [ ]  Any other Asian background (please detail)Click here to enter text. |
| **Mixed** | **White** |
| [ ]  White and Black Caribbean | [x]  English |  [ ]  Any other White background (please detail) Click here to enter text. |
| [ ]  White and Black African | [ ]  Irish |
| [ ]  White and Asian | [ ]  Scottish | [ ]  Prefer not to say |
| [ ]  Any other mixed background (please detail) Click here to enter text. | [ ]  Welsh  |

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| Gender |
| [ ]  Female | Does your gender identity match your sex as registered at birth? |
| [x]  Male |
| [ ]  Prefer not to say | [x]  Yes | [ ]  No |

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| Religion/ belief |
| [ ]  Buddhist | [ ]  Sikh |
| [x]  Christian | [ ]  Other (please state)Click here to enter text. |
| [ ]  Hindu |
| [ ]  Jewish |  [ ]  No religion |
| [ ]  Muslim |  [ ]  Prefer not to say |

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| Sexual Orientation |
| [ ]  Bisexual | [x]  Heterosexual |
| [ ]  Lesbian/Gay woman | [ ]  Prefer not to say |
| [ ]  Gay man |
| [ ]  Other (please state) Click here to enter text. |

Please return this form (NO STAMP NEEDED) to:

Freepost RTEX-ERLY-HUYS

Age UK South Gloucestershire, 67 High Street

Thornbury, Bristol, BS35 2AW

**Or via email to:**

befriending@ageuksouthglos.org.uk